TRIBUTE TO FORMER PRESIDENT RONALD REAGAN

Mr. COCHRAN. Mr. President, with the death of President Ronald Reagan, our Nation has lost a very successful and inspirational leader. He led us to believe in ourselves and our system of Government, our market economy, and our ability to defend freedom and liberty against all threats.

President Reagan had a contagious sense of optimism. He believed deeply America was capable of solving our problems through our democratic process of self-government, and that other nations could do the same.

His greatest success was improving our economy and establishing a more peaceful and cooperative relationship with the former Soviet Union, in particular with the former Communist countries of Eastern Europe.

The Berlin Wall was a symbol of intransigent tyranny. He called for it to be torn down and it was, giving the people of Eastern Europe the opportunity for freedom and hope for a brighter future. We will always remember President Reagan's great smile, his good humor, his sincerity, and his love of country. We are a better Nation and the world is a safer place because of Ronald Reagan.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. COCHRAN. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

AMENDING THE CONTROLLED SUBSTANCES ACT TO LIFT THE PATIENT LIMITATION ON PRESCRIBING DRUG ADDICTION TREATMENTS BY MEDICAL PRACTITIONERS IN GROUP PRACTICES

Mr. COCHRAN. I ask unanimous consent the Senate proceed to the immediate consideration of Calendar No. 542, S. 1887.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1887) to amend the Controlled Substances Act to lift the patient limitation on prescribing drug addiction treatments by medical practitioners in group practices and to amend the Controlled Substances Act, and so forth, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. COCHRAN. Mr. President, I ask unanimous consent the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 1887) was read the third time and passed, as follows:

S. 1887

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ELIMINATION OF THE 30-PATIENT LIMIT FOR GROUP PRACTICES.

Section 303(g)(2)(B) of the Controlled Substance Act (21 U.S.C. 823(g)(2)(B)) is amended by striking clause (iv).

Mr. LEVIN. Mr. President, this legislation, S. 1887, ensures that all appropriately trained group practice physicians may prescribe and dispense certain recently approved drugs for the treatment of heroin addiction. It addresses the unintended effect of the Drug Abuse and Treatment Act of 2000, DATA, that hinders access to new treatments for thousands of individuals who seek such help.

When Congress passed DATA as Title XXXV of the Children's Health Act of 2000, Public Law 106–310, it allowed for the dispensing and prescribing of Schedule III drugs, like buprenorphine/naloxone, in an office-based setting, for the treatment of heroin addiction. As a result of DATA, access to drug addiction treatment is significantly expanded; patients no longer are restricted to receiving treatment in a large clinic setting, but now may receive such care from specifically trained physicians in an office-based setting.

DATA limits qualified individual physicians to treating no more than 30 patients at a time. The interpretation of the law results in the same 30-patient limit on physician groups. For example, the physician members of the Duke University Medical School faculty practice plan may treat only 30 patients at one time, even though they may have ten individual physicians trained and willing to treat patients and more than 30 patients would benefit from newly available treatment. The difficulties that have arisen, including the dashed hopes for treatment of many, due to the patient limitation on group practices, are detailed in a May 30 article in the Boston Globe, by Peter DeMarco. I would like to share a few excerpts from that article with my Colleagues, as follows:

When buprenorphine became available as a treatment for OxyContin and heroin addiction 18 months ago, many medical professionals and addicts hailed it as a miracle drug, bringing addicts back from the brink and helping them lead normal lives when all else had failed. But for many addicts, buprenorphine remains one of the hardest drugs to obtain. Approved by the Federal Food and Drug Administration in 2002, buprenorphine is an opiate like heroin or the painkiller OxyContin. Unlike those drugs or methadone, the prescribed drug it's meant to replace, buprenorphine doesn't cloud the minds of patients, allowing them to work or study as if they're not on any drug at all. Nearly all who take buprenorphine, meanwhile, say they lose all physical cravings for street drugs.

But a combination of federal limits on the distribution of buprenorphine, and reluctance on the part of some physicians to offer it to patients has kept thousands of opiate addicts from receiving the drug in Massachusetts and across the country. At the heart of the issue is federal legislation passed in 2000—two years before the drug was approved by the FDA—that restricts individual clinical practices from treating more than 30 patients with buprenorphine at a time.

While many substance-abuse experts say the 30-patient figure is too low for some practices, their main quarrel with the Drug Addiction Treatment Act of 2000 is its failure to differentiate single-physician practices, hospitals, and health care organizations. For example, all the doctors who work for Tufts Health Plan can treat a combined 30 patients—the same total as can be seen by a physician practicing alone.

Boston health officials, along with their counterparts in the State and Federal governments, say the Federal legislation erred on the side of caution, and needs to be changed to allow wider access to buprenorphine.

''Boston Medical Center's main practice has 200 or more general internal-medicine doctors, and within that practice, we can only treat 30 people. It's the craziest loophole,'' said Colleen Labelle, nurse-manager of the hospital's Office-Based Opioid Treatment Program. ''We get 20 calls a day from across the state. People are begging, desperate to get treated, who we can't treat.''

The Federal Substance Abuse and Mental Health Services Administration has begun an internal process to increase the 30-patient cap. But because any proposed change would be subject to the public-review process, approval could take as long as two years, said Nick Reuter, a senior public health analyst with the agency.

It clearly was not the intention of DATA that individuals seeking treatment have less access to new medications simply because they receive care from a physician practicing in a group, or from a group-based or mixed-model health plan. Nevertheless, this is the is the effect and it is having a severe effect. The problem is addressed by removing the 30-patient aggregate limit on medical groups. The patient limitation would remain on individual treating physicians. This is achieved in the bill, S. 1887, which I introduced along with Senators HATCH and BIDEN. It simply removes the statutory limit on the number of patients for whom doctors in medical groups may prescribe certain newly available, FDA-approved medications to treat heroin addiction.

I would like to close with another excerpt from Mr. DeMarco's article regarding the positive impact buprenorphine treatment has had on an individual who was fortunate enough to seek and help and not be turned away. It is as follows:

Timothy Tigges says his addiction began after he wrenched his back and bummed a few Percocet pills, a prescription analgesic, from a friend to dull the pain. Before he knew it, he was hooked on opiates, alternating between OxyContin and shooting up heroin as his life went to pieces.

In October, Tigges, a 27-year-old East Boston carpet installer, began taking buprenorphine, placing an orange pill the size of a dime under his tongue until it dissolves, four times daily. He hasn't touched an illegal drug since the day he started the program, has put on 80 pounds from lifting weights at the gym, and has yet to miss a day of work. For the first time in three years, Tigges hopes to see his 5-year-old daughter, whose mother has refused to let him visit.